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## BIB DATA SHEET

CONFIRMATION NO. 2018

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/595,062	01/25/2006 RULE	424	1618	50304/11001

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/BE04/00107 07/23/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0317467.9 07/25/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

02/19/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BELGIUM	3	20	2

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**TITLE**

Necrosis avid tracer agent

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